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12/04/2006

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(Depositor's name (Signature) (Date)

APPLICATION NO.	FILING DATE	FILING DATE		AT	FORNEY DOCKET NO.	CONFIRMATION NO.
10/734,759	12/11/2003		Thomas John Goodwin	1	MSC-22859-3-CU	2623
TITLE OF INVENTION	i: PRODUCTION OF FU	INCTIONAL PROTEIN	S: BALANCE OF SHEAR	STRESS AND GRAV	TY	
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEI	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	03/05/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS			
FORD, ALLISON M		1651	435-369000			
<ol> <li>Change of correspond CFR 1.363).</li> </ol>	ence address or indication	n of "Fee Address" (37	2. For printing on the p		W 0	171
	ondence address (or Cha	nge of Correspondence	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,			пашшетте
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(2) the name of a single	firm (having as a mer	nbera 2	
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a 2-registered automey or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed in the control of the c			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)						
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
(A) NAME OF ASSI	GNEE	represented by	(B) RESIDENCE: (CITY	and STATE OR COUR	NTRY)	
he Administrat	or of the Nat	ional Aeronau	(B) RESIDENCE: (CITY and STATE OR COUNTRY) ics Washington, D.C. 20546			
nd Space Admir Please check the appropr						. 0
Please check the appropr	nate assignee category or	categories (will not be pr	rinted on the patent):	Individual	ation or other private gro	up entity 🙀 Governmen
4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)						
☐ A check is enclosed. ☐ Publication Fee (No small entity discount permitted) ☐ Payment by credit card. Form PTO-2038 is attached.						
Advance Order -		ermitted)	Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 14-0116. (enclose an extra copy of this form).			
Advance Order -	# or Copies		overpayment, to Depos	sit Account Number 12	-0116_ (enclose ar	extra copy of this form).
5. Change in Entity Sta						
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Authorized Signature	100001	). H		Date OZCZ	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Typed or printed name Kurt G. Hammerle				Registration No.	36,819	
This collection of inform	ation is required by 37 C	FR 1.311. The information	on is required to obtain or re	tain a benefit by the pu	blic which is to file (and	by the USPTO to process

an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 17 unique to recommend and the second of the commendation of the commend